



UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</small>		Attorney Docket No.	213202.00480	
		First Named Inventor or Application Identifier		
		ALBERT J. GEIGER, ET AL.		
		Express Mail Label No.		

APPLICATION ELEMENTS

See M.P.E.P. chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form
(Submit an original, and a duplicate for fee processing)

2. ☐ Applicant claims small entity status.
See 37 C.F.R. § 1.27.

3. ☒ Specification Total Pages 21

4. ☒ Drawing(s) (35 U.S.C. §113) Total Sheets 1

5. ☒ Oath or Declaration Total Sheets 3

a. ☐ Newly executed (original or copy)

b. ☒ Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 17 completed)

1. ☐ DELETION OF INVENTOR(S)
Signed Statement attached deleting inventor(s)
named in the prior application, see 37 C.F.R.
§§ 1.63(d)(2) and 1.33(b).

6. ☒ Application Data Sheet. See 37 C.F.R. § 1.76

ADDRESS TO:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (*Appendix*)

8. ☐ Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)

a. ☐ Computer Readable Form (C.R.F.)

b. Specification Sequence Listing on:

i. ☐ CD-ROM or CD-R (2 copies); or

ii. ☐ paper

c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS	
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	10. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (when there is an assignee)
11. <input type="checkbox"/> English Translation Document (if applicable)	
12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	<input type="checkbox"/> Copies of IDS Citations
13. <input checked="" type="checkbox"/> Preliminary Amendment	
14. <input checked="" type="checkbox"/> Return Receipt Postcard (M.P.E.P. § 503) (Should be specifically itemized)	
15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
16. <input checked="" type="checkbox"/> Change of Correspondence	

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. 09/604,161 (See Appln. Data Sheet)

Prior application information : Examiner: Rachel F. Gorr Group/Art Unit: 1711

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	27160 (Insert Customer No. or Attach bar code label here)	or <input type="checkbox"/> Correspondence address below
NAME		
Address		
City	State	Zip Code
Country	Telephone	Fax



CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS			
	TOTAL CLAIMS (37 C.F.R. § 1.16(c))	57-20 =	37	X \$ 18.00 =	\$ 666.00			
	INDEPENDENT CLAIMS (37 C.F.R. § 1.16(b))	4-3 =	1	X \$ 84.00 =	\$ 84.00			
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 C.F.R. §1.16(d))			\$280.00 =	\$ 0.00			
				BASIC FEE (37 C.F.R. § 1.16(a))	\$ 750.00			
Total of above Calculations =					\$1500.00			
Reduction by 50% for filing by small entity (Note 37 C.F.R. §§ 1.9, 1.27, 1.28).					\$ 0.00			
TOTAL =					\$1500.00			

19. Small entity status

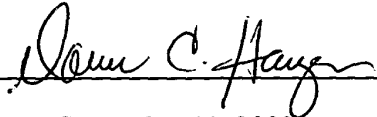
- a. ☐ A small entity statement is enclosed
- b. ☐ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c. ☐ Is no longer claimed.

20. ☒ Please charge the amount of \$ 1,500.00 to Deposit Account No. 50-1710 to cover the filing fee. A duplicate copy of the paper is attached.

21. ☐ Please charge the amount of \$ _____ to Deposit Account No. 50-1710 to cover the recordal fee.

22. The Commissioner is hereby authorized to charge the above fees or credit overpayments or charge any deficiencies to Deposit Account No. 50-1710:

- a. ☒ Fees required under 37 C.F.R. § 1.16.
- b. ☒ Fees required under 37 C.F.R. § 1.17.
- c. ☐ Fees required under 37 C.F.R. § 1.18

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED	
NAME	Dawn C. Hayes, Registration No. 44,751
SIGNATURE	
DATE	September 11, 2003

213202.00480

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: Unassigned
ALBERT J. GEIGER, ET AL.)	
	:	Group Art Unit: Unassigned
Appln. No.: Not Yet Assigned)	
(A continuation of 09/604,161,	:	
filed June 27, 2000)	
	:	
Filed: September 11, 2003)	
	:	
For: CONTROLLED RELEASE)	September 11, 2003
FERTILIZER AND METHOD :	:	
FOR PRODUCTION)	
THEREOF	:	

MAIL STOP PATENT APPLICATION
Commissioner for Patents
P.O. BOX 1450
Alexandria, VA 22313-1450

CHANGE OF CORRESPONDENCE

Sir:

Applicants request a change of correspondence from:

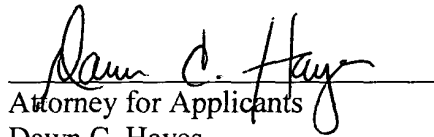
Fitzpatrick, Cella, Harper & Scinto
Customer No. 05514
30 Rockefeller Plaza
New York, New York 10112-3801

to:

Patent Administrator
Katten Muchin Zavis
Customer No. 27160
525 West Monroe Street
Suite 1600
Chicago, Illinois 60661-3693

Applicants' undersigned attorney may be reached in our Washington, D.C.
office by telephone at (202) 625-3500. All correspondence should continue to be
directed to our address given below.

Respectfully submitted,

A handwritten signature in cursive script, reading "Dawn C. Hayes", is written over a horizontal line.

Attorney for Applicants
Dawn C. Hayes
Registration No. 44,751

PATENT ADMINISTRATOR
KATTEN MUCHIN ZAVIS ROSENMAN
525 West Monroe Street
Suite 1600
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